

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. 101521153 FILING DATE

APPLICANT(S)

1113105

CLAIMS

AS FILED	AFTER		AFTER		
	1st AMENDMENT	IND.	2nd AMENDMENT	IND.	DEP.
1		1			
2		1			
3		1			
4		1			
5		1			
6		1			
7		1			
8		1			
9		1			
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50					
TOTAL IND.		1			
TOTAL DEP.		20			
TOTAL CLAIMS		24			

*	IND.	DEP.	*	IND.	DEP.	*
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